

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/622371		FILING DATE	
APPLICANT(S)									
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		2		1			53		
4		1		1			54		
5		1		1			55		
6	1		1				56		
7		1		1			57		
8		2		1			58		
9		1		1			59		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.		↓	2	↓		↓	TOTAL IND.	↓	↓
TOTAL DEP.		←	7	←		←	TOTAL DEP.	←	←
TOTAL CLAIMS			9				TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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FORM PTO-1360 (REV. 3-78)

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